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| Certified Copies | _ Certificates | s of Status | | | |
| Special Instructions to | Filing Officer: | | | | |
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| <u>,</u> | | | | | |

Office Use Only



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J. Holder

COVER LETTER

| TO: | | tion Section of Corporations | | | | | |
|-------------------|----------------------------------|--|-------------------|--------------------------------|---|---|------------------------------------|
| CUDU | oct. | Fen | way Pa | rtners, LLC | | | |
| SUBJE | sc1: | Name o | f Limit | ed Liability (| Company | | |
| The en Exister | closed "App nce, and che | olication by Foreign Limited Liability Con ck are submitted to register the above refe | npany f renced | for Authoriza foreign limit | ition to Tra ted liability | nsact Business in Florida," company to transact busin | Certificate of less in Florida. |
| Please | return all co | orrespondence concerning this matter to th | e follo | wing: | | | |
| | | | Jay T. | Shadwick | | | |
| | Name of Person | | | | | | |
| | Duggan Shadwick Doerr & Kurlbaum | | | | | | |
| | Firm/Company | | | | | | |
| | 11040 Oakmont Street | | | | | | |
| | _ | | Ad | dress | | | |
| | Overland Park, Kansas, 66210 | | | | | | |
| | • | • | | nd Zip Code | | | |
| | _ | | _ | kc-dsdlaw.co | | | |
| East Com | 4h au iu £a maa | E-mail address: (to be us | ea ior | iuture annuai | report not | ilcation) | |
| For Iur | ther informa | ation concerning this matter, please call: | | | | | |
| | | Jennifer Morgan | at (| 913 (| _) | 498-3536 time Telephone Number | |
| | | Name of Contact Person | | Area Code | Day | time Telephone Number | |
| | Division of Registrati P.O. Box | G ADDRESS: of Corporations on Section 6327 ee, FL 32314 | | | Division of Registrati Clifton Br 2661 Exe | ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301 | |
| Enclos | □ \$125.0 | k for the following amount: 0 Filing Fee \$\Blue{\Blue{\Blue{\Blue{1}}}} \$130.00 Filing Fee & Certificate of Status | Ce | \$155.00 Filir rtified Copy | | □ \$160.00 Filing Fee, Co of Status & Certified Co | ру |
| | Plea | ise return the copy of | the | Certific | cate of | Status using | the |
| í |)re-pa | id EedEx enuclope enc | losed | d, as u | ve bree | d the lopy as | soon as |
| | 0000:10 | | | | | | |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| COMPANY TO TRANSACT B | LISINESS IN THE STATE OF FLORI | DA: | | |
|---|---|--|---|---|
| * | | way Partners, LL | | |
| (Name of For | eign Limited Liability Company; r | nust include "Limite | ed Liability Company," "L.L.C.," or | "LLC.") |
| (If name unavailable enter a | Itamata nama adapted for the name | age of temperation h | usiness in Florida. The alternate nar | |
| Liability Company," "L.L.C, | " or "LLC.") | lose of transacting o | usiness in Fiorica. The alternate har | ne must include "Limited |
| 2. Kans | | 3. | 47-3578049 | |
| (Jurisdiction under the law company is organized) | of which foreign limited liability | | (FEI number, if applicable |) |
| | June 29 | , 2016 | | |
| | (Date first transacted bus (See sections 605.0904 & 6 | iness in Florida, if p 05.0905, F.S. to det | rior to registration.) ermine penalty liability) | _ |
| | | Partners, LLC | | - . |
| | 13356 Metcalf Avenue, O | • | | |
| **** | | of Principal Office) | | |
| 5 | 13356 Meto | alf Avenue | | - Ar a |
| | • | Kansas 66213 | | |
| | (Mailin | ng Address) | | |
| 7. Name and street addres | ss of Florida registered agent: | (P.O. Box <u>NOT</u> 2 | cceptable) | co time |
| Name: | C T Corporation System | | • • | OF ST IN |
| Office Address: | 1200 South Pine Island Road | 1 | | PRES S |
| | Plantation, | | , Florida 33324 | om ω |
| Registered agent's accep | (City) | | (Zip code) | - |
| lesignated in this applica o complywith the provisi | tion, I hereby accept the appo ons of all statutes relative to the my position as registered agen | intment as registe he proper and con it. | for the above stated limited liab ered agent and agree to act in th aplete performance of my duties Vanessa Lawre Assistant Secre | is capacity. I further agree s, and I am familiar with and BNC8 |
| | (Reg | sistered agent's sign | ature) | <u></u> , |
| 0. 771 | | | | |
| o. I ne name, title or caps | acity and address of the person | . , | utnority to manage is/are: | |
| | | iver, Member | | . |
| | 13356 M | etcalf Avenue | | |
| | Overland Pa | rk, Kansas 66213 | | |
| O. Attached is a certificate urisdiction under the law of the translator must be so | of which it is organized. (If the | days old, duly aut | henticated by the official having foreign language, a translation o | custody of records in the f the certificate under oath |
| | Signatu | are of an authorized | person | - |
| This document is executed submitted in a document to | i in accordance with section 60: the Department of State const | 5.0203 (1) (b), Flo | orida Statutes. I am aware that an | y false information |
| | F | Tyler S. Oliver | no provident tot itt biot? | , |
| | | -, | | |

Typed or printed name of signee

STATE OF KANSAS OFFICE OF SECRETARY OF STATE KRIS W. KOBACH

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 7926579

Entity Name: FENWAY PARTNERS LLC

Entity Type: KANSAS LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: TYLER OLIVER

Registered Office: 13356 Metcalf, OVERLAND PARK, KS 66213

was filed in this office on April 02, 2015, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of June 24, 2016

KRIS W. KOBACH SECRETARY OF STATE

Certificate ID: 818008 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate ID number.